

Appl. No. 10/550,707
Amdt. dated June 25, 2009
Reply to Office Action of May 12, 2009

PATENT

Amendments to the Drawings:

Thirty (30) sheets of formal drawings are being submitted. No changes are introduced.

Attachment: 30 Replacement Sheets

REMARKS/ARGUMENTS

Applicant confirms the election of Group IV, method claims 36-47. Formal drawings are submitted herewith. No new matter has been added. Claims 42 and 46 have been amended for clarification and claim 48 added. Support for the amendments and new claim 48 can be found for example, in paragraphs [0126] – [0131] of the specification. Claim 48 reads on the elected invention, but is not limited thereto.

Section 102 rejection

Claims 36-47 were rejected under 35 U.S.C. §102(b) as being anticipated by Schuetz (U.S. Patent No. 5,843,090). Of these claims, only claims 36, 42, and 46 are independent. Applicant respectfully requests reconsideration and withdrawal of this rejection.

Independent claim 36 recites in part “passing a balloon catheter, which has a balloon, over an elongate stent carrying member, which has a stent attached thereto ... to a treatment site in a vessel in a human body such that said balloon is aligned with said treatment site...” Schuetz does not disclose such a method.

Schuetz discloses a stent delivery system or device 10 including an inner catheter 12, an outer catheter 20 having a balloon 26 secured thereto (col.1, lines 45-47), and a self-expanding stent 30 carried in a collapsed condition between inner catheter 12 and outer catheter 20 (col. 2, lines 20-22). In use, the device is maneuvered to position the distal stent carrying portion 16 of the inner catheter 12 at a treatment site (col. 2, lines 29-31). Next, the outer catheter 20 is retracted to deploy stent 30 (col. 2, lines 37-40). Balloon 26 can be inflated to dilate the vessel prior to stent deployment or it can be moved to position balloon 26 interiorly of stent 30 and inflated after stent deployment to further expand or set stent 30 (col. 2, lines 34,51-55) (col. 3, lines 9-37).

In sum, inner catheter 12 and outer catheter 20 retain stent 30 in a collapsed condition as all of these elements are moved together to the treatment site. Thus, outer catheter 20 is not passed over inner catheter 12 with the stent attached thereto to the treatment site as required in claim 36.

Further, when outer catheter 20 is retracted over inner catheter 12 to deploy stent 30, outer catheter 20 is being passed over inner catheter 12 away from the treatment site and not to the treatment site as set forth in claim 36. And when outer catheter 20 is passed over inner catheter 12 so that it is moved interiorly of stent 30 after stent deployment, it is not passed over a stent carrying member, which has a stent attached thereto as set forth in claim 36 because stent 30 has been deployed prior to such catheter movement.

Amended claims 42 and 46 recite in part “passing a balloon catheter...over said elongate stent carrying member prior to deploying said stent from said elongate stent carrying member...” Schuetz does not disclose or suggest passing outer catheter 20 over inner catheter 12 prior to deploying stent 30.

For at least the foregoing reasons, Schuetz does not disclose or suggest the methods described in independent claims 36, 42, and 46 or dependent claims 37-41, 43-45, and 47.

New claim 48 is allowable for reasons similar to those provided regarding claim 36.

CONCLUSION

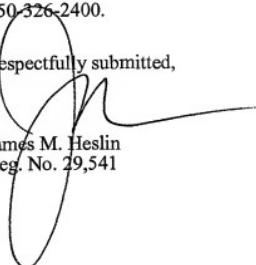
In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

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If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,


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Attachments
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